

## CITY OF SUGAR LAND Development Services Department

## MECHANICAL PERMIT APPLICATION

PROJECT ADDRESS:			
TENANT NAME:			
SUBDIVISION :	VALUATI	VALUATION :	
OWNER NAME :	PHONE :	PHONE : ()	
OWNER ADDRESS	CITY/STATE	ZIP	
HVAC CONTRACTOR:	P	PHONE:()	
ADDRESS :	STATE:	ZIP:	
STATE LICENSE #	APPLICATION #:		
DESCRIPTION OF WORK :			
the City of Sugar Land as certificate registration.	t certificate of insurance for General Li holder. Additionally, all contractors s		
Construction drawings shall have be	en approved prior to issuance of any ses, and the 2005 National Electrical Coo		
	**********		
provisions of laws and ordinances gov	examined this document and know th erning this type work will be compiled v ne to give authority to violate or cancel he performance of construction.	vith whether specified herein or not.	
Fee Schedule: \$10 base fee, plus \$10	for the first \$1,000 of the job valuation	, plus \$2 for each additional \$1,000	
APPLICANT	DATE		